charge from CGHS beneficiaries only as per prescribed package rate. Indraprastha Apollo Hospital is not empanelled under CGHS and as such are not bound by MoA.

Health care infrastructure in Assam

3747. SHRI KUMAR DEEPAK DAS: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government is aware that the rural health care infrastructure is lagging in Assam;

(b) whether Government is also aware that there are lack of doctors and there are frequent complaint of sub-standard medicines supplied in the Government rural health care centres;

(c) if so, the details thereof;

(d) whether Supreme Court has expressed concern over functioning of such rural health care centres; and

(e) if so, the details thereof and the steps proposed by Government thereto?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) As per the Bulletin on Rural Health Statistics in India, 2008 (updated to March, 2008), there are a total of 4592 Sub Centres [SC], 844 Primary Health Centres and 103 Community Health Centres [CHC] functioning in Assam. As per the summary of facility survey conducted by the Government of Assam, there is a considerable improvement in key indicators of health infrastructure *i.e.* man power, infrastructure, equipment, drugs, furniture etc. There are 18 surplus Primary Health Centres [PHC] in Assam. However, there is a shortage of 471 SCs and 103 CHCs in Assam.

(b) and (c) There is a shortfall of 47 Specialists at CHCs and 436 Doctors at PHCs in Assam. No such complaint of sub standard medicines supplied by the Government has been received so far by the Government of Assam.

(d) No observation has come to the notice of the Government over the functioning of Rural Health care System in any order of the Hon'ble Supreme Court. There was, however, coverage in the Newspapers regarding remarks of learned judges.

(e) The endeavor of the Government through NRHM is to provide accessible, affordable, and quality health care to rural population, especially to the vulnerable section wherein upgradation/strengthening/establishment of new SCs PHCs and CHC is an ongoing process depending upon the need on the basis of population, case load and distance. The need is projected by the State/UT Governments in their annual Programme Implementation Plan [PIP]. Funds are released to them as per the approval of National Programme Coordination Committee [NPCC].

Infant mortality in Jharkhand

3748. SHRI PARIMAL NATHWANI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government is aware that Jharkhand has a very high infant mortality ratio;

(b) what steps are proposed for reducing the infant mortality and also death of mothers at the time of delivery; and

(c) what actions have been taken and what are the plans of Government for immunization of children below 12 years of age?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) As per the Sample Registration Survey (SRS) 2008, the Infant Mortality Rate (IMR) for Jharkhand is 48 per 1000 live births as compared to the national average of 55 per 1000 live births.

(b) A Statement is given as Statement-I (*See* below).

(c) Under the Universal Immunisation programme all vaccines for TB, Diphtheria, Pertusis and Tetanus, Poliomyelitis and Measles are administered to children under the age of 5 years and tetanus booster does to children below 16 years.

Statement-I

Steps proposed for reducing the infant mortality and death of mothers at the time of delivery

The Reproductive and Child Health Programme (RCH) II [2005-10] under the National Rural Health Mission (NRHM) [2005-12], comprehensively integrates interventions that improve child health as well as maternal health and addresses factors contributing to morbidity and mortality.

(I) The key components of child health care which help reduce child morbidity and mortality are as follows:

- Essential newborn care
- Immunization
- Infant and young child feeding
- Vitamin A supplementation and Iron and Folic Acid supplementation
- Early detection and appropriate management of Acute Respiratory Infections, Diarrhoea and other infections
- Integrated management of neonatal and childhood Illnesses (IMNCI) and Pre-Service IMNCI
- Facility Based New Born Care.

(II) The key components of maternal health care which help reduce maternal morbidity and mortality are as follows:

- Janani Suraksha Yojana (JSY), a cash benefit scheme to promote Institutional Delivery with a special focus on Below Poverty Line (BPL) and SC/ST pregnant women;

- Operationalising Community Health Centers as First Referral Units (FRUs) and Primary Health Centers for 24×7 services;
- Augmenting the availability of skilled manpower by means of different skill-based trainings such as Skilled Birth Attendance;
- Training of MBBS Doctors in Life Saving Anaesthetic Skills and Emergency Obstetric Care including Caesarean Section;
- Provision of Ante-natal and Post Natal Care services; prevention and treatment of Anaemia by supplementation with Iron and Folic Acid tablets during pregnancy and lactation;
- Organizing Village Health and Nutrition Day at Anganwadi Centers;
- Appointment of an Accredited Social Health Activist (ASHA) to facilitate accessing of health care services by the community including pregnant women;
- Strengthening of Health Facilities.

Early warning system for outbreak of epidemics

3749. SHRIMATI SHOBHANA BHARTIA:
SHRIMATI MOHSINA KIDWAI:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether there is a need to transform the integrated disease surveillance programme into an early warning system for outbreak of epidemics;

(b) if so, whether Government has since taken any steps to introduce early warning system of any such diseases;

(c) if so, the details thereof;

(d) whether Government proposes to seek the help of foreign countries in this regard; and

(e) if so, the details thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) to (c) In National Institute of Communicable Diseases (NICD), Integrated Disease Surveillance Project (IDSP) is a decentralized state based disease surveillance programme, intended to detect and respond to early warning signals of impending disease outbreaks and identify new emerging diseases. Information on disease outbreaks is collected on SOS, daily and weekly basis under IDSP.

(d) and (e) IDSP seeks technical collaboration and support from the Centre for Disease Control, Atlanta (USA), as and when necessary, in the areas of disease surveillance and outbreak investigations, health informatics and laboratory-based surveillance.